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Original.

A CASE OF GONORRHEA IN A FEMALE.

BY R. J. NUNN, M. D., SAVANNAH, GA.

The subject of this theory was referred to me by a general practitioner for an obscure and troublesome condition of the rectum. She was a nullipara, unmarried, aged about 18 years, and complained of a continual burning pain in the rectum, all the discharges from which were more or less purulent, and if solid were coated with pus. There was also an annoying tenesmus.

These symptoms had existed for several days before her visit to me, three days before which she began to complain of ardor urinæ, followed in two days by a vaginal discharge, which the girl called "whites." There was no constitutional disturbance, but the facial expression of the patient showed marked evidence of suffering.

Here was a most unusual train of symptoms to deal with, but after revolving the matter in my mind and recalling some former experiences in the same line, the conclusion forced itself upon me that the case was one of gonorrhea, although the social position of the patient was such that her regular medical attendant had not conceived it possible.

A careful physical examination of the patient and the secretions confirmed the opinion already formed, and the patient acknowledged the probable accuracy of the diagnosis, giving a date three weeks anterior to her visit to me as the only possible time for inoculation.

The physical examination of the patient revealed a high state of inflammation of the mucous membrane of the rectum, vagina and urethra; there was, moreover, considerable endocervitis with erosions of the os and ectropium of the endocervium. Certainly the disease had invaded the cervical endometrium; prob-

ably soon would, if it had not already extended into the body of the uterus, and might be expected to show evidences of its presence in the fallopian tubes.

The exact state of affairs at the time and the prognosis were given to the patient, and treatment begun, with the result that the condition of all accessible parts was ameliorated and the more painful and annoying symptoms disappeared; but in a month the case developed an intense peritonitis and salpingitis, accompanied with a copious purulent discharge from the os, from which she made a good recovery in ten days.

The treatment followed was copious aseptic injections and douches, followed by injections of petrolatum liquidum into the rectum and urethra; the vagina was washed with petrolatum through a speculum and tampons saturated with it were inserted and changed daily.

The endometrium was treated with tents of cocoa butter. The progress of the case was satisfactory as far as all accessible parts were concerned, but the condition of the adnexa must remain in doubt.

It was especially interesting to observe the rapid relief of the rectal symptoms which followed the injection of a couple of ounces of petrolatum, and continued from twelve to eighteen hours.

The points of interest in this history are the mode of accession, the disease manifesting itself in the rectum, and its subsequent extension to the urethra and lastly to the vagina. I can recall no similar case in the literature of the disease; indeed the implication of the rectum is exceedingly rare, except in cases of direct inoculation, which I have been assured and have reason to believe was not the case in this instance.

Therapeutically the interesting feature of the case is treatment of it by oleaginous applications.

VERBAL REPORT OF THREE CASES OF LEFT INGUINAL COLOTOMY.*

BY JOHN H. PACKARD, M. D.

By some surgical writers, notably the elder Gross, the opinion has been expressed that the making of an artificial anus by opening the colon placed the patient in a condition so distressing that death itself would be preferable. My own experience with these operations warrants me in upholding a very different view. My first case occurred in 1873, and I had the advantage of the presence and assistance of Professor Gross and of Dr. Levis; the patient, whose rectum was occluded by a uterine cancer, lived in comfort for eight months, dying then from exhaustion due to the advance of the disease. In this instance, and in other cases for many years afterward, I made the opening in the left loin, thinking the access more ready, and preferring to avoid encroaching upon the peritoneum. There is, however, one great objection to the method, that the point of exit for the feces is so placed as to be only with difficulty reached by the patient, and to require the assistance of others in attending to it.

For the operation in the left groin, I think the best rule as to the incision is to make it just as on the right side in appendicitis, an inch and a half from the left anterior superior iliac spine, and at right angles with a line between this process and the umbilicus. With scrupulous asepsis the opening of the peritoneum is made with safety; the operation is one of no more difficulty than that in the loin, and the artificial anus is entirely under the patient's control. The directions given in some of the books for the finding of the bowel seem to me to be needlessly complex; if the large intestine does not immediately present itself in the wound, a portion of the small intestine will, and must be pushed aside, when the sigmoid flexure, especially if distended, will be seen, and may be recognized by the longitudinal muscular bands.

My own opinion is that it is a matter of but little moment whether the bowel is opened at once or after the lapse of several days.

I do not think it important that the gut should be well drawn down into the wound until the portion above this point is slightly tense, so as to avoid subsequent prolapse through the artificial anus. Even with this precaution it sometimes happens that the inner wall will pouch out and be a cause of some annoyance.

For suturing the edges of the peritoneum or those of the skin it is well to use black silk, so that these stitches may be readily distinguished from those by which the bowel itself is fastened in the wound; these latter should be of white silk, and should penetrate beyond the muscular coat, but not through the mucous membrane.

It is not always easy to judge how large an opening should be made into the bowel. In a child, or when the wall of the gut is very thin, a small orifice will suffice; and I do not think more than three-quarters of an inch is ever necessary.

Case I.—James Brewster, a mulatto, aged 55 years, but looking much older, was admitted into my ward at the Pennsylvania Hospital, November 26, 1892, on account of epithelial cancer of the rectum. His condition was most deplorable; there was a mass of disease stiffening the wall of the bowel and discharging from its ulcerated surface a very offensive pus, which, mixed with fecal matter, flowed away constantly through the wide-open anal orifice. Hence he not only suffered agonizing pain, but the intolerable fetor made him loathsome to himself as well as to all about him.

He had, moreover, a left inguinal hernia, which he ascribed to the kick of a horse in January, 1891. This did not in any way interfere with the operation, which was done four days after his admission. The opening into the bowel was not made until December 4, or four days later.

Immediately after the operation his temperature fell to 97.6 degrees, but he soon rallied and did well. The artificial anus gave no trouble, but was cleansed once daily. By means of washing out with solution of potassium permanganate or other detergents, the rectum was rendered inoffensive. A portion of the diseased mass was curetted away about four weeks after the colotomy, but no more radical procedure seemed to be justified.

*Read before Philadelphia Academy of Surgery, Meeting March 5, 1894.

The patient lived in comfort until April 18, nearly five months, and then died painlessly from exhaustion.

At the autopsy it was found that the morbid growth extended five inches above the anus, and had involved the posterior wall of the bladder; there were abundant deposits in the pelvic and mesenteric glands.

A somewhat noticeable fact was that the serous covering of the gut was adherent to the parietal peritoneum for a long distance above the point of operation.

Case II.—Ellen Black, aged 52 years, was admitted under my care in the Pennsylvania Hospital, October 24, 1893, suffering from extensive cancerous disease of the uterus, involving the rectum; she had not had a natural stool for a year. Her general health was not greatly impaired, but she had great distress by reason of the rectal obstruction.

The next day I exposed and secured the sigmoid flexure, and 24 hours afterward opened the bowel. Just after the operation her temperature fell to 96.2 degrees, but reaction took place quickly. Regular movements were soon had through the artificial anus, and on the seventeenth day she was discharged at her own request, to return to her home in Sullivan County, Pa.

Case III.—Mrs. M., aged about 50, living in one of the cities in the interior of this State, was seen by me in April, 1893, on account of almost total obstruction of the rectum by the pressure of a tumor of the womb, which filled up the entire pelvic cavity. To attack this in its then condition seemed to me, as well as to her physicians, unwarrantable; and as her suffering arose mainly from the rectal obstruction, I proposed opening the bowel in the left groin. To this she agreed, and I performed the operation at her residence. Complete relief was afforded, and after some experiments in the devising of a suitable contrivance for keeping control of the contents of the bowel, this lady was enabled to resume her active life, going into society freely, and attending to all her affairs without hindrance.

Should this tumor, probably a fibroid, develop so as to rise out of the pelvis, the question of hysterectomy might be entertained; and if this were successfully accomplished the closure of the artificial anus might, perhaps, be undertaken.

GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

62d Meeting.

PUERPERAL MANIA.

Dr. G. Lane Taneyhill read a paper on "Puerperal Mania" in which he gave his personal experience. He confined his paper to that division termed by Lusk "The Insanity of Childbed," and by Ramsbotham, that form attended by great excitement and furious delirium, intentionally ignoring the other two forms, the "Insanity of Pregnancy" and the "Insanity of Lactation."

When we consider how active are the causes of physical disturbances in women during their child-bearing period we need not be astonished at Tukes' assertion that of the insane admitted to asylums, in one-eighth the affection is of puerperal origin. Of the seven cases he had treated, five were of the excitable, furious form; this form predominates in Burrows' statistics, who out of a total of 57 noted 33 as maniacal, 16 as melancholic and eight as alternating, and Playfair gives the relative proportions of each form, per 100, as follows:

	Per Cent.
Insanity of Pregnancy.....	18
Puerperal Insanity.....	47
Insanity of Lactation.....	34½

Women endowed with acute feelings, of an excitable temperament, and especially unmarried women who have conceived, and who experience a deep mortification and have necessarily been exposed to other harmful factors, are probably more predisposed to this affection than others. Of 92 cases treated by Esquival, 29 were "illegitimately pregnant."

Many causes are assigned for this sad affliction, among which is "that undue excitability of the nervous system present during pregnancy, labor and the chief portion of the process of lactation." Half of the 80 lying-in women who were treated by Burrows, and who became delirious, had an hereditary disposition to insanity. Terror and alarm had been assigned as causes in two of Dr. Taneyhill's cases. Diseases antedating pregnancy—hemorrhages and eclampsia—may be considered proximate but not fundamental causes of puerperal mania. Septicemia is mentioned by Sir James Simpson as a cause in four patients in whom he found albumin in the urine, and Dr. Donkin, in the 7th volume *Edinburgh Medical Journal*, sustains the view, calling it renal puerperal mania.

Playfair, however, criticises this hypothesis by asserting that the albumin-

ria is transient while its supposed effects last for months, and says, "Why should uremic poisoning in one case cause insanity and in another convulsions?"

The impatient, irritable, suspicious victim of this malady may first fill the attendants with consternation by suddenly breaking out in a wild torrent of invective against her husband or some dear relative. This will frequently be followed by listlessness, obstinacy and an absolute ignoring of the fact that she has lately given birth to a child, or she may insist that the child has died or is that of another.

The countenance is changed, the sweet disposition becomes one of studied revenge, the chaste demeanor is supplanted by immorality and obscenity of language incredible, except to those who have been compelled to be in the presence of such a maniac; inattention and perverseness will follow in the quieter intervals. Frequently the lochia are suppressed and bowels constipated and persistent insomnia continues to resist some of the most approved anodynes.

Gooch in his work on "Disorders of the Mind in Lying-in Women," refers to a case of delirium tremens which simulated this disease, but the known habit of indulgence or the contrary, in a few days, reveals the true nature of the case. Phrenitis, encephalitis or acute delirium, although like puerperal mania, are accompanied by violent and furious excitement, yet we also have tinnitus, vertigo, severe pain in the head, high fever, hard pulse, congested eyes and intolerance of light; whereas, in puerperal mania we generally have a quick but soft pulse, seldom any rise of temperature, face pale and impressing one as if the patient were suspicious of some betrayal or calamity about to ensue, with eyes bloodless and without expression, and a disposition to gaze contentedly at the midday sun. After relating several amusing cases of mistaken delirium tremens and phrenitis for puerperal mania he referred to the prognosis, remarking that his fatal cases were those occurring soon after delivery and having a continuously rapid pulse, two out of seven having died. Esquirol, in treating 92 cases in four years, had 55 recoveries, and Burrows reported from 57 cases 35 recoveries, 11 remaining uncured, 10 died and one committed suicide. Thus it will appear that Lusk is safe in estimating the recoveries at 60 per cent.

He had seen but one post-mortem of a subject of this distressing malady, and the only discovery of note was a marked absence of blood in the brain. He knew of no other post-mortem condition peculiar to the disease. Restraint and seclusion he considered absolutely necessary in the treatment; send her to an institution, if possible one on the "cotage plan," undisturbed by the noise of other maniacs and withdrawn from the visits of friends and relatives. If compelled to treat her at her own house take a high, quiet room; ventilate, but screw sash to window frames, remove "dangerous" articles of furniture, for these maniacs are suicidal; interdict

visits and retain a patient, intelligent, matronly nurse. "Combat morbid symptoms as they arise;" allay nervous excitement, but abstain from any medication that may exhaust the patient; freely evacuate the bowels; restore the lochia if suppressed; freely use the warm sponge bath, and, of all things, secure for her an abundance of sleep; he gives half a grain of morphia hypodermically each night, repeating it in six hours if necessary. As "excitation is not inflammation," and, as Burrows says, muscular exertion is not vital power, we should not in these cases resort to blood-letting and powerful sedatives. If the action of morphia is resisted, Dr. Taneyhill resorted to 30 grain injections of hydrate of chloral per rectum in warm milk. She should be compelled to take a free and full diet to counteract the astonishing waste of tissue which supervenes.

In 1868, as we discharged a beautiful young married woman from the Maryland Hospital for the Insane, sound in mind and body, he remarked to the superintendent that it was sad to think that she had any ovaries, implying, of course, that she should not again be subjected to the liability of conception. It is said that Professor Goodell at International Medical Congress of 1881, remarked that every insane woman should be deprived of her ovaries; he was not prepared to express such a radical opinion, but had observed in the American Journal of Obstetrics, 1892, that Dr. Rohe, of this society, had the courage, in a moderate number of cases, to bring to the test of experience this hypothesis. Four of the cases operated on were those of puerperal mania. We are told that two were improved, but not cured, and two left the asylum quite well a few months after the operation. A conservative man might venture the opinion that at least in cases of recurrent puerperal mania, where the sexual disorder is clearly responsible for the insanity, the ovaries ought to go.

In convalescence give your patient a change of location and air, and this, with new environment and the constant presence of an intelligent, cheery nurse, and yet with few visits for several months by relatives, we may reasonably expect complete restoration.

Dr. Rohe: I want to take occasion to say that I do not agree with the opinion of Dr. Goodell expressed in 1881 or his present opinion, which is just the opposite.

The general consensus of opinion is that in the majority of instances puerperal insanity is due to septic infection.

I think that opium in any maniacal condition, unless necessary to maintain strength, is bad. Chloral is much better unless the heart is in bad condition, and in these cases it can be combined with digitalis. Assuming that most cases of puerperal mania are due to sepsis, and that opium is bad in septic condition, I think opium is bad in this disease. Chloral with digitalis, or sulphonal or trional are better.

Dr. Neale reported the following case of puerperal mania, Mrs. D., white, 38.

years, 1 para, delicate, nervous temperament and probably tuberculosis. Family history of insanity only on father's side.

Patient had recently been under gynecological treatment and complained of a fistula discharging into vaginal entrance, the orifice of which I could not find at my first and only examination made before confinement.

Was summoned to attend her in labor at term during afternoon of May 27, 1885. Pains at first scarcely appreciable, gradually increased and the slow tedious labor was terminated naturally at 12.20 P. M., May 29, 1885. Slight perineal laceration sustained. After labor patient continued very restless, complained of pain in chest and abdomen, vomited and did not sleep until 4 1/4-grain doses of morph. sulph. had been given hypodermically at intervals of one hour.

She was delivered at 12.20 P. M. and 19 P. M. temperature was 100.1-5, pulse 112, resp. 24.

After a restless night, I found patient next morning, May 30, with temperature 102, pulse 112, respiration 24, and complaining of pain in chest and abdomen, for which no local cause could be found.

MANIACAL ATTACK.

At 2 P. M., May 30, nearly 26 hours after delivery, patient screamed out with pain in chest and abdomen, and also loudly shrieking "my back is breaking," became violently maniacal, voiding urine freely in bed. I at once gave her ten minims of Magendie's sol. hypodermically, which was followed by sleep.

Upon immediate consultation with Professor Miltenberger, puerperal septicaemia complicated with mania was diagnosed, and the patient was given 20 grains of chloral every two hours, according to effect produced.

Sleep followed throughout most of the night, but she was maniacal whenever awake.

May 31, A. M.—Temperature, 100.2-5; pulse, 112; respiration, 24. Patient conscious and better. Mania recurred during the morning, however, slight tympanites developed, lochia became scanty and tainted, and temperature and pulse gradually increased. The uterus was washed out, quinine was given internally, together with liberal stimulation, and morphine according to mania, sleeplessness, etc., but she sank and died at 6 A. M., June 1, 1885.

Dr. J. Edwin Michael: "I have seen only one case of puerperal insanity; it was due to sepsis; had symptoms of melancholia and finally recovered. She was treated with bromidia. I agree that these cases are associated very often with sepsis, but that does not account for all of them; heredity is, no doubt, a very powerful causative agent. We should remember that women who have a hereditary taint may be attacked during the puerperal period.

Dr. Wilmer Brinton: I have seen three cases; all went to institutions for the insane; all died. One case had mania in her first confinement and recovered. With her second child the mania re-

turned and she died. In another case the insanity came on the 14th day; she was treated at home for some time, and at last was sent to an asylum, where she died in three or four weeks. While I agree with Dr. Rohe that chloral and bromide are better than opium in most cases, there are exceptional cases where the opium is much better.

Dr. John Neff: I have had three cases of puerperal mania. The first patient was Irish; the labor normal; the puerperal period was normal up to the fifth day, when her husband came home drunk and in 24 hours she had developed puerperal mania. She was removed to an asylum and died in five days.

The second case had eclampsia which came on before and continued twenty-four after labor. She developed puerperal mania from which she recovered at home. She has since been confined and has had neither eclampsia nor insanity.

The third case was treated at home without success and was afterward sent to a private asylum where she apparently recovered. During the following five years she was well most of the time but finally committed suicide.

Dr. Ashby: I have seen only one case of puerperal insanity and that not a violent one. There was a back family history and she had had slight attacks before she was confined. She recovered but has not been perfectly sound.

I have had two cases after laparotomy in which I consider sepsis to be the direct cause.

In one case seven days after operation pus collected in the pelvis and she became wild and maniacal. Three weeks afterward the sepsis cleared up and she recovered.

The second case occurred recently. I removed a large pus sac which ruptured and I used drainage. At the end of 72 hours she developed mental trouble, jumped out of bed, tore open the wound, but finally recovered without a rise of temperature above 100 degrees. When the wound was completely healed the mental trouble disappeared.

Dr. G. Lane Taneyhill in closing the debate remarked that he had mentioned septicemia as a cause, but did not dwell on it in speaking of treatment for none of his seven cases were traceable to septicemia. Four recovered, two died and one went into profound melancholy. He did not agree with modern gynecologists that "nearly all cases of puerperal mania are attributable to septicemia." He could even in these days administer morphia hypodermically in large doses to the raving puerperal maniac in preference to giving sulphonal or paraldehyde. Yes, he proposed and did use "mechanical restraint" in certain cases of this disease when the wild woman after a struggle of four hours of excitement was not bodily controlled by the nurses and continued to resist strong anodynes administered in different ways. It must be remembered his paper exclusively contemplated those cases characterized by furious delirium.

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THE PRESENT STATUS OF HERNIAL OPERATION FOR RADICAL CURE.

In spite of the well-known fact that no operation has yet been devised which always secures a radical cure of hernia, and relapse is the rule, still operative procedures, which have in view the obliteration of rupture, are being performed on a large scale both in Europe and America. Scarcely a month passes but we read of some new operation, though when we come to scrutinize the literature of the past, we will find that it is the same old story of "old wine in new bottles."

This class of infirmities furnish an abundance of clinical material for the operating theatre. Antiseptic precautions have rendered them practically free from danger to life, and an odd one may not relapse. But operative herniæ, when they do return, are more ungovernable, a truss retaining them with great difficulty.

It may be said that surgical measures for a small hernia which can comfortably be supported by a truss should not be advised, but they should be reserved for those cases in which stran-

gulation is threatened, those small in volume, which cannot be controlled by a truss, or are recently incarcerated and are steadily increasing in volume, a class not common, but which can only be cured by an operation.

THE TREATMENT OF PNEUMONITIS.

Croupous pneumonitis, at the present day, is a far different disease than it was thought to be a century ago. This is a statement which will, perhaps, apply to nearly every disease with which modern scientific teaching has to deal. Epidemics of pneumonitis occurred centuries back. Prisons were infested, whole households and communities were victims, and yet it was not then considered that there was any specific cause for the many cases which followed each other in turn.

At the present time we are to look upon pneumonitis as a disease produced by a specific micro-organism; a diplococcus, and, hence, both infections and epidemic.

If we are to treat this disease with success we must bear in mind also certain other points secondary to its specific nature—the tax on the vaso-motor system, the overloaded right side of the heart and the impairment of respiration; we are all familiar with the symptomatic indications which require treatment in pneumonitis.

Attempts have been made to find a "specific" for the treatment of this malady. The injection era has lent its precedent for experimentalists to try some antidotal blood serum from persons recently recovered from an attack of pneumonitis. The argument is that a person recovers from this disease because some anti-pneumotoxine develops in the blood which is an antidote to the pneumotoxine existing while the disease is in progress; hence, the person recovers (pneumonitis being self-limited).

However this may be, reports given rather prove that there is some value in this specific treatment. The quantity of serum used is given at from 4 to 6 cubic centimetres, uniform recovery being the result.

We are not to lose sight of the fact that in the early stages of this disease there is great need of symptomatic treatment. The state of the vaso-motor system, the congestion of lung tissue and the consequent overwork for the right

side of the heart all point to equalizing the blood pressure by dilations of the arterial system. At first, then, aconite is the drug strongly indicated. This, however, must not be continued beyond the first stage, as aconite is also a depressant, and heart tonics are shortly indicated.

Among the latter strychnine plays an important part. Trinitin may be used when symptoms point to a heart stimulant, and digitalis is yet to be relied upon in cases of emergency. Alcohol is a useful agent in this disease, but must be used judiciously.

For pain there is nothing equal to a hypodermic of morphia, guarded with atropia.

Food is essential, but much caution is necessary not to overburden the stomach with great quantities. Four or five-hour intervals are essential to give the stomach proper rest. Water can be employed, as there is a demand for liquids by the system. Water, however, should be pure and free for bacterial tendencies.

During convalescence tonics with iron are useful.

THE CODE OF ETHICS AND THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

The discussion relative to the code of ethics and advertising in the American Medical Association goes on lively in the journal of that body. The truth of the matter is, that, as a representative body of professional men, this association has a journal which would live were every advertisement stricken out of it. We do not say that this would be good business policy, but that this is the one journal of America that could do so.

Every member of the association has, or should have, his own views regarding the policy of the journal of which he is a part owner, but it is a notable fact that good business principles and true professionalism do not seem to be combined in American medicine.

We wonder how many of the leaders of the movement against advertising in the journal of the American Medical Association daily prescribe the very preparations which they so openly condemn. It is the back office of the drug store and the prescription book that will tell the story.

The plea of ignorance is nonsensical. There is no physician so ignorant that

he cannot tell a proprietary advertisement when he sees one. At least, he would not like to be counted so unlearned.

Moreover, it is a fact that these very men who so cry against advertising are the very ones who will write long articles and have them published in journals full of proprietary advertisements. What is this but advertising in a sense? In fact, it is a method which some gentlemen pursue in order to advertise themselves. This is not saying that every physician who writes intends, by so doing, to advertise himself, but, nevertheless, he does so more or less, and there are some who write only for this purpose.

We like to see medical men stand in the front ranks of their profession and give to science the results of their labors through the medium of the medical journals of the country, but it is rather hypocritical for "the pot to call the kettle black."

We do not object to the advertising department of the Journal of the American Medical Association. It is a business policy which every successful medical journal holds out. We are aware that great caution is necessary in selecting suitable advertisements in a journal that so purely represents the medical profession, from a strictly scientific standpoint, as well as in any reputable medical journal, but we must submit that the medical profession know a legitimate thing when they see it, and are not bound by every advertisement which appears in the pages of a journal to regard such as they would the scientific articles confined to the reading pages.

There are always enough men in all professions who think they know how this, that and the other thing should be conducted better than those who have charge of the same, when they have never attempted to find out the first item regarding it.

If we, as members of the American Medical Association, are to set example to the profession at large and to the medical journals of America let us vote to cut out every advertisement in our representative journal and devote it to the transactions of the associations purely and simply. It would, of course, be a great financial loss, but would free science from any connection with personal gain.

Then let us give the code of ethics a little rest.

CHANGE OF CLIMATE OR AN OCEAN VOYAGE FOR THE SICK MAN.

There is perhaps nothing in the whole realm of sanitary science about which so much difference of opinion seems to exist as on the question of the relative value of the effects of travel as a curative agent, or, in other words, whether, on the whole, it is to the advantage of the sick for us to recommend to them a change of habitation.

It goes without saying that when one resides in a pestilential climate, under bad sanitary surroundings, that immediate removal into another more congenial atmosphere must constitute his only means of escape from disease or death. But in another great class of cases, in which a patient is constitutionally feeble, or is suffering from serious organic disease, it is, generally, either advisable or justifiable to recommend a sudden change of climate or an ocean voyage.

This is a hard question, which to consider, even in our time, would occupy extensive space; hence but a word will be offered here in connection with ocean travel for the sick.

To any one who has even a moderate experience with life at sea it is only too evident that even under the most favorable surroundings the ocean is no place for a sick man. Indeed, except under the most extraordinary circumstances, to advise an ocean voyage to one in a reduced state of health is both cruel and heartless. Conceding that he will enjoy fresh, pure air and bodily rest, it is more than offset by severe seasickness, which is always more prostrating and dangerous with those whose bodily strength is below par.

The pitching and rolling of an ocean flyer in the smoothest sea, the noise of moving machinery, the narrow quarters and nautical diet all exercise a most depressing effect.

In Bright's disease and pulmonary tuberculosis a sea voyage is most disastrous. No doubt, in a large number, when our patient's ailments are but functional, and we are fully assured that ample provisions will be made for his comfort, and the voyage will be a short one, we may permit it, but not otherwise. Under any circumstances the good which may come through it depends rather on the change of climate.

RESIGNATION OF DR. PEPPER AS PROVOST OF THE UNI- VERSITY OF PENNSYLVANIA.

Dr. William Pepper has resigned the office of Provost at the University of Pennsylvania, and in tendering the same has presented the University with a check for \$50,000. We, therefore, congratulate the University on its good luck in having so beneficent a friend, while we deplore its misfortune in losing such a hard-working Provost.

However, Dr. Pepper does not lay down his work in the institution; he is to devote more energy and time to science and medicine therein, and in this respect the University will probably gain more than it has lost by his resignation of his other office.

The University has prospered and grown under his management, and is now in a position of high attainments, a thing for Dr. Pepper to be justly proud of.

Book Notes.

TRANSACTIONS OF THE AMERICAN DERMATOLOGICAL ASSOCIATION, at its seventeenth annual meeting, held at the Hotel Pfister, Milwaukee, Wis., on the 5th and 6th of September, 1893.

REMARKS UPON APPENDICITIS, BASED UPON A PERSONAL EXPERIENCE OF 181 CASES. By Maurice H. Richardson, M. D., of Boston. Revised and corrected from the American Journal of the Medical Sciences. January, 1894.

THE THERAPEUTIC USES OF THE SALTS OF CESIUM AND RUBIDIUM. By Theodore W. Schaefer, M. D., of Kansas City, Mo. Reprinted from the Medical News, March 10, 1894.

FURTHER REMARKS ON THE OCCURRENCE OF A FORM OF NON-ALBUMINOUS NEPHRITIS OTHER THAN TYPICAL FIBROID KIDNEY. By D. D. Stewart, M. D. Reprinted from the Medical News April 14, 1894.

AURAL CHOLESTEATOMATA. By E. B. Gleason, M. D., surgeon in charge of the nose, throat and ear department of the Northern Dispensary, Philadelphia. Reprinted from the Medical Bulletin.

Dr. Adolph Meyer is preparing a summer school for neurology and mental diseases at the Illinois Eastern Hospital for the Insane, at Kankakee, Ill. The session will begin about May 15 and will continue six weeks.

Surgery.

Under the charge of T. H. MANLEY, M. D., 302 W. 53d St., New York.

VAGINAL HYSTERECTOMY IN THE TREATMENT OF PROLAPSED UTERUS.

M. Paul Reclus sets forth very clearly, though briefly, the conditions in which vaginal hysterectomy may be utilized in cases of uterine prolapse.

He reports three cases in his own practice. One was a septuagenarian, feeble and cachectic. Owing to its exposed position the uterus was greatly congested and eroded, and locomotion was slow and very painful. Urination was always attended with a scalding, burning sensation, and altogether her condition was one of great misery.

In order to reduce the dangers of operation to a minimum, he contented himself with employing cocaine alone.

By making a row of circumferential punctures, he was able to wholly subdue pain. After a free incision, which liberated the vaginal from the uterine wall, and reaching the broad ligament, he placed on either side a heavy pair of clamp-forceps, which were not removed for 13 days.

Everything seemed to be doing well, the wound had entirely closed, when she developed pulmono-cardiac trouble and died. This was an old chronic affection, which had annoyed her, and reduced her strength, for a long while, before the operation.

The next case was in a wash woman, married, though was never pregnant. Menses ceased when she was 51 years old. When she was 58 she first noticed a descent of the uterus, with a pessary failed to control. As the uterus descended in full volume, she suffered from vesical pressure and constipation.

In 1891 and 1892 she had successively performed on her anterior and posterior colpoperineorrhaphy, but in each instance relapse promptly followed, and she was worse than ever. On the 15th of March, '91, she again reported at Broussais, for further relief, when a vaginal hysterectomy was performed.

The details and technique of operation were very simple, cocaine being again employed. In this case, the com-

pressing forceps were kept on but 24 hours. Recovery was prompt and she soon left the hospital, returning, however, in a few days, with two large tumors projecting through the vulva, one a rectocele and the other a cystocele. Now a solid plastic operation was performed, and the vagina completely closed.

The permanent result was very satisfactory and now, 20 months since the last operation, the cure is perfect.

The third patient was a woman, 52 years old, who had a prolapse for many years, which was so complete and persistent as to render the life of the unfortunate woman one of constant misery.

The method of operation was as simple as in the two preceding cases; although the tissues at the vagino-uterine junction were so vascular as to have seemed to have been transformed into angiomatous strictures.

The circular incision gave issue to a copious hemorrhage, requiring the employment of several hemostatic clamps; but it was finally subdued and the operation completed.

The wound healed well, everything seemed to do well, until she took her feet, when a large prolapse of the bladder followed, necessitating a complimentary colpoperineorrhaphy. It is now more than a year since the last operation; reduction is entire and there are no signs of a relapse.

The author concludes, from these observations on three cases, that a vaginal hysterectomy, for these cases, is one of great simplicity and quite innocuous. He admits that the vascularity of the parts is great; but, he affirms, that, as the vessels are so accessible, there is no difficulty in subduing hemorrhage; and he declares that it is one of the simplest operations in surgery. He gives at length his preference for the clamp-forceps; rather than to adopt M. Quenu's plan, of depending on the suture. In all cases he regards it important to simultaneously perform a colpoperineorrhaphy.

As indications for vaginal hysterectomy, he affirms that it is only in those

cases which cannot be controlled by mechanical support that it should be entertained. He also warns against operation before the menopause; for he questions one's right to unsex a woman, except when life itself is imperiled. Besides, he states that in many, after menstruation ceases, the uterus diminishes in volume and recedes upward into the vagina.

—Gazette de Gynecol. March 15, 1894.

(NOTE BY THE TRANSLATOR.)

M. Reclus is none too conservative for these times of promiscuous slashing.

In truth, a vaginal hysterectomy is always a highly formidable operation.

Let no one deceive himself into undertaking it who is not an accomplished surgeon; not on any except rare and unusual cases.

In all this class the prolapsus of the uterus is not so much caused through any inherent pathological changes in its own parenchyma, as in response to an ever-constant pressure from above; from a relaxed, displaced state of all the abdominal viscera, which pressure continues as unremittingly, after operation, as it did before the uterus was amputated. Hence, why a simultaneous colpoperineorrhaphy is indispensable; and in spite of this obstruction the tissues sometimes yield, and there is a further hernia through the vaginal outlet.

For certain cases, after the menopause, in which there are interstitial changes in the extended uterus and impossible comfortable reduction renders it practically a foreign body, then, without question, a hysterectomy becomes not only a desirable, but imperative procedure.

T. H. M.

A NEW TREATMENT FOR CHRONIC EMPYEMA.

Professor Delorme, of Val-de-Grace, at the French Surgical Congress, in 1893, presented an essay on pleuro-plastic operations, in cases of chronic empyema. His views were based entirely on speculative and theoretical considerations, for he had not yet an opportunity to fully test the applicability of his scheme on the human subject.

It was not until the 20th of January, 1894, that he had an opportunity to try his new method. His patient was a sol-

dier, who had chronic tubercular pleurisy and had been operated on nine months previously, a pleurotomy having been performed.

A fistulous opening followed through the unclosed incision, and, besides, there continued great retraction of the chest's walls. Now, Delorme proceeded to so open the thorax, that the pyogenic cavity might be exposed, and all suppurating granulating elements might be cleared away.

With this end in view, he commenced by making an incision a little anterior to the costal convexities, through the third, fourth, fifth and sixth ribs, intercostal spaces, arteries and pleura. Now, having secured all the bleeding points, he was enabled to freely enter the thoracic cavity.

He found the costal pleura entirely covered by a thick, tough, fibrous membrane, which he was enabled to completely peel off. The vascular sub-membrane which invested the lung, he was able to treat in the same manner.

After he had wholly freed the lung and unfolded it by liberating all the adhesions, which knotted its corrugated surfaces together, it rapidly filled with air, so completely as to occupy the entire cavity. Now, after the most thorough antiseptic precautions and flushing of the parts, a drain was inserted and laxatives were applied in such a manner that the breach was entirely closed in. As the report of this case was published only four days after operation, the final result was not determined.

—Bulletin-Général de Thérapeutique, 15 Avril, 1894.

FATAL COCAINE POISONING.

Reclus reports a fatal accident consecutive to the injection of cocaine into the urethra of an old man of 72, subject to atheroma and angina pectoris. A doctor called to him on account of retention of urine from hypertrophy of the prostate, after ineffectual attempts catheterism, performed vesicle puncture. Wishing to try the catheter again, he injected from 15 to 20 grains of a 5 per cent. solution into the urethra. The patient became pallid, was nauseated, and fell dead. Solution should not exceed 1 or 2 per cent.

The subscription list to the "Charcot" memorial has reached the sum of 5162 francs, \$258.10.

German Notes.

Translated by ADOLPH MEYER, M. D., Chicago.

SALOL FOR COVERING PILLS INTENDED TO REACH THE ILEUM UNDISSOLVED.

Dr. G. Oeder describes a method of covering pills with salol instead with keratine. Keratine covers did not prove to be satisfactory, as the contents of the stomach would easily cause imbibition and consecutive bursting—or the keratine cover would be altogether too hard, so that Ewald found such pills quite undissolved in the faeces (the reaction of the contents of the ileum not always being alkaline enough to dissolve the keratine).

Oeder based his attempt on two properties of the salol—its being dissolved in the alkaline contents of the ileum, and its low melting point (180 degrees F.). He melts the salol and rolls the pills in it until their cover is thick and hard.

The numerous experiments show that this method is much more satisfactory than the keratine method.

The patients should be cautioned against three points:

1. Not to bite the pills and not to use any cracked ones.
2. To keep them in a cool place, as the cover melts at 108 degrees F.
3. Not to take the pills with food and drinks which dissolve the cover, as oils, warm food, etc. It will be best to give these pills one hour after the meals.

—Berl. klin. Woch., 4, 9, '94.

URTICARIA IN CHILDREN.

Funk and Grundzsch (Varsovie) obtained good results with the following treatment: Once or twice daily external application to the body of tepid diluted vinegar, and then of a powder. During night the children are covered lightly. In the cold season they recommend warm salt baths; during the warm season baths should be avoided.

Internally they prescribe:

R Antipyrinl.	15
Aq. distill.	
Syrup gummos aa.	25
T.—In the evening a teaspoonful.	
—Internat. Klin. Rundschau.	

Professor Lang (Vienna) injects in blennorrhagic urethritis and urethrocystitis 15-20 grains of a half dram solution of nitrate of silver into the empty bladder. He then removes the catheter and lets the fluid flow out. This causes considerable pain the first time, which, however, diminishes after the next injections. The results obtained are excellent.

—Int. klin. Rundschau.

DR. MEISELS ON THE USE OF CORNUTINUM CITRICUM AGAINST SPERMATORRHOEA.

D. M. treated 27 cases of spermatorrhoea with cornutinium citricum, 0.003 generally twice a day, with great success. A number of the cases showed very frequent pollutions by day or night; others only during defecation and micturition, and a few continued discharge from the urethra. The action was marked within a few days. The drug seems, however, to act only in paralytic spermatorrhoea, which is due to increased irritability of the spinal cord, hypersecretion of the sexual glands and lack of tonicity of the germinal vesicles and the ductus ejaculatorius. In two cases of spastic spermatorrhoea, due to inflammatory processes, there was no success to be noted.

In enuresis nocturna and diurna of children M. used cornutine with good success.

—Obl. f. Med., Wias.

BICYCLE DISEASE.

Dr. Tezzer describes under this name a series of affections of the perineum, largely caused by the pressure of the saddle. Especially in women, swelling of the labia majora and of the urethra is found, frequently associated with disorders of micturition. He further mentions varices of the anus, frequently with excoriations and also erections caused by venous stagnation and very troublesome. Compression of the nervous pudendus may produce anesthesia of the perineum and the genital organs. In gonorrhoea abscesses in the perineum have been observed. He finally mentions occasional rupture of the urethra by sudden contusion.

—Munch. Med. Woch., 1894. 11.

Therapeutics.

Under the charge of LOUIS LEWIS, M. R. C. S., Philadelphia.

SOMATOSE, THE NEW RESTORATIVE.

Attention has recently been directed in medical and pharmaceutical journals to Somatose, a new reconstructive agent, and, according to the reports which have appeared, this preparation is especially suitable for weakly children and persons of reduced nutrition.

Somatose is an odorless powder, prepared from meat and readily soluble in water. The solution has a slight, not disagreeable taste, which is best covered by addition of milk or cocoa. Somatose contains the albuminous principles of meat in a soluble form, as well as its nutrient salts, but is almost completely free from peptone. Its preparation is based upon the following considerations:

The investigations of the last few years have shown that peptone, which is present in all meat preparations, beef extracts and peptonoids, possesses but slight nutritive value, and therefore is able to accomplish but little in cases where it is desired to raise the condition of nutrition of the patient and produce a gain in flesh. Another disadvantage of preparations with a high percentage of peptones is that in the course of time they disturb the taste and even excite repugnance; that they irritate the intestinal tract, and that diarrhoea not infrequently ensues after their use. The meat preparations and peptonoids in the market consist chiefly of peptone, and contain but a slight amount of other albuminous substances; and this explains why meat extracts and solutions prepared from them are valueless for purposes of nutrition, as has been generally stated by authorities. The latter are the substances which alone possess nutritive value, and should be preserved as completely as possible in meat extracts, instead of being eliminated from them, as is done in Liebig's extract of beef. These readily soluble proteids, the albumoses, have the advantage of being tasteless, and when introduced into the system are rapidly absorbed and taken up in the fluids of the body, while by reason of their ready absorption they at once contribute to nutrition.

These facts have long been known, but the attempts to separate the albumoses from the peptones which are formed in the process of manufacturing albuminous products were always unsuccessful, so that hitherto a preparation consisting exclusively of albumoses could not be obtained in the market. It is

but recently that the Farbenfabriken vorm. Friedr. Bayer & Co., of Eberfeld, have succeeded in preparing the albumoses in a pure state from meat; and they have therefore created a product which, in this particular, is unexcelled, and possesses the highest nutritive value of all the meat preparations in the market, whether meat extracts or peptonoids. This product has the additional advantage of being soluble in all ordinary fluids, so that it can be administered in milk, cocoa, gruel, bouillon, etc., and as it is practically tasteless, without the patient's knowledge.

TRIONAL IN NEURASTHENIA.

Insomnia is one of the most frequent as well as important symptoms which the practitioner is called upon to relieve in the treatment of neurasthenia. Unless the obstinate wakefulness which characterizes these cases is removed little can be hoped for from other therapeutic measures, and yet our list of hypnotics in this affection is not a large one. Morphine is generally contraindicated for a number of reasons. It is apt to disturb the digestion, and by increasing the constipation from which these patients ordinarily suffer prevents elimination of those poisonous substances—ptomaines and leucomaines—which pass from the system by way of the bowels. Aside from this neurasthenics readily fall victims to the morphine habit, or, as Dr. Mattison more properly calls it, the morphine disease. Chloral is a dangerous sleep-producer, as was evidenced but recently by the sad death of the great English scientist, Professor Tyndall. Bromides are not trustworthy; they occasionally succeed, but more often fail in producing sleep. The ideal hypnotic in neurasthenia must possess the combined qualities of safety, efficiency, promptness of action, ease of administration and freedom from unpleasant after-effects. According to the observations of a large number of practitioners and neurologists Trional is the remedy par excellence in conditions of sleeplessness, and in an interesting and able article on "Neurasthenia from the Standpoint of the General Practitioner," Dr. I. N. Love (Medical Mirror) adds the weight of his testimony in the following words: "As a sleep-producer I believe that trional in 10, 20 or 30-grain doses is the best remedy we have at hand. No exaltation, no depression and no bad effects, follow its use. I observe in a recent number of one of my exchanges a very pronounced tribute to this remedy by Dr. J. B. Mattison, of Brooklyn, N. Y., a high authority. His experience is entirely in harmony with my own."

In the administration of trional the best results are obtained by giving the drug dissolved in hot water, soup, beef tea, etc., shortly before retiring.

Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

THE BLOOD IN MELANCHOLIA.

The author examined the blood of twelve patients and the analysis gave the following results:

1. In acute or chronic melancholia there was a marked diminution of the number of globules; in very few cases the percentage approached the normal. Hemoglobin was reduced in the same proportion.

2. A number of cases show considerable curvation of the globules, becoming less marked after a tonic course.

3. Systematic tonic treatment is very efficacious in the treatment of this form of insanity.

The administration of iron alone or combined with quinine and strychnine seemed to answer best. It showed that although melancholia cannot be produced by poverty of blood, yet that the latter is always associated with the former and the improvement in the symptoms coincides with the improvement in the general health and quality of the blood.

—Archiv de Neurologie, E. W. B.

VALUE OF THE HANDS AND FINGERS.

In settling a question of indemnity for the loss of these numbers it is useful to know what each member is worth from a productive standpoint.

A German Miners' Insurance Company has adopted the following scale:

Loss of the right hand lessens from 70 per cent. to 80 per cent. the capacity for work, whilst loss of the left hand only does so to the extent of 60 per cent. to 70 per cent. Loss of the thumb, 20 to 30 per cent.; the right index, 14 to 18 per cent.; the left, 8 to 13.5 per cent.; the middle finger, 10 to 16 per cent.; the right finger is quoted lowest—7 to 8 per cent.; the little finger, 9 to 12 per cent.

—Revue Medicale, E. W. B.

TREATMENT OF CHRONIC MALARIAL FEVERS.

The treatment was used in Athens (where inhabitants frequently suffer from these troubles), and it gave excellent results. Every one knows how difficult the cure of these affections is. The following is the method used:

The patient takes every morning four pills, one every half hour, consisting of sulph. quinine, arsenate of soda, ext. cinchona. These are continued each morning for two weeks, then stopped for a week, and again continued for two weeks, and so on for a period of three months.

The patient takes also twice a day a cupful of the following infusion:

	Gram.
R Yellow cinchona bark.....	30
Wormwood.....	30
Water, hot.....	700
Dissolve in it.	
Extract cinchona.....	3/75
Brandy.....	60

In the morning, two hours after the pills, a cup of milk is taken. At dinner and supper strong soup, beefsteak, eggs, old wine. Early retiring.

Bulletin de Therap. E. W. B.

TREATMENT OF THE MORPHINE HABIT.

The two methods of treatment—by rapid suppression, by suppression by degrees—both present serious inconveniences. Most authors prefer the method of gradual diminution of the doses.

In practice Beridon shows that it generally is necessary to have recourse to hypnotic aid in order to bring about the cure.

Before commencing treatment a certain number of sittings are necessary to bring the patient into sympathy with the operator.

When he has become malleable and "suggestible," the time has arrived for the specific measure to be begun. In certain cases the "demorphinizing" can be carried out at the patient's home; it is sufficient to isolate him from his usual surroundings. There are cases where complete isolation is indispensable; when, for instance, mental disorder has occurred. In these suggestion diminishes to a great extent the pains and mental sufferings brought on and exaggerated by the momentary abstinence.

The duration of the treatment is about two or three months.

When the patient has been reduced to very small amounts, then entire suppression should be made. This is the time at which disorders, such as vomiting, diarrhea, excitement and depression, necessitating a constant surveillance, occur. These are less serious than they appear to be, and generally disappear in two or three days.

Convalescence is shorter according as the suppression has been slower.

Cures obtained with the aid of suggestion are more permanent than those brought about by forced suppression, as they are based on the awakening and return of the will power.

—Prog. Medica, E. W. B.

TREATMENT OF ALOPECIA.

Shampoo the head and thoroughly cleanse with cold water. Dry and put in the following:

R. Corrosive sublimate..... 7gr.
Distilled water 5oz.
Glycerine, cologne, each... 1½oz.
Then, having dried the hair, rub with
Alcohol absolute 3oz.
Naphthol 7grs.
And lastly, with
Salicylic acid 30grs.
Ext. benzoin 45 drops.
Neats foot oil 3oz.

—La France Med. E. W. B.

TREATMENT OF POST-GRIPAL NEURASTHENIA.

This condition has been noted more frequently of late than after former epidemics, and probably is connected to a great extent with the method of treatment now followed. In all patients treated with antipyrin the sequels have been graver than in others; as a consequence of the depressing action of the drug.

Therefore, its use requires caution. The following rules are advisable:

1. To reserve the use of antipyrin to cases in which the pains of the muscles are intense.
2. To administer it in a transient manner, one or two large doses (as for instance 1 gram).
3. To associate it with quinine as a counterbalance to its depressant action.

When neurasthenia is declared the treatment should be regulated by the indications of the urine, examined daily.

When the salts of the urine are in excess the following should be given at the commencement of each meal:

	Gram.
R Phosphate soda..	20
Potassa....	25
Lime..	50
Calcined magnesla.. . . .	10
Pow'd nux vomica.. . . .	05

At the same time, twice a day, 1 or 2 grains of kola should be taken either as elixir or powder.

When the urine is normal—At each meal, one of these pills should be given—intestine by the use of:

Quinine sulph..	1
Dry extr. of quinquina. aa.. .	1
Powd. nux vomica.. . . .	18
Ft. pil J. No. XX.	

Also a teaspoonful of some preparation of the hypophosphites.

—Med. Moderne. E. W. B.

TOXIC SUBSTANCES EXTRACTED FROM THE SPLEEN OF SCARLATINA PATIENTS.

Bokenham and Fenwick extracted from the spleen of patients suffering from scarlatina poisons with which they experimented on animals. They followed the usual process for obtaining animal extracts, and the animals experimented on were rats, mice, guinea pigs and rabbits.

They used 10 cgms. of the extract for each kilogramme of the animal experimented on.

When the toxic was derived from a case of malignant scarlet fever it produced paresis of the hind legs, slowing of respiration, collapse, weakness of pulse and chills. The symptoms disappeared after a variable time. Used every day, the injections caused death (the rat in 10, and the rabbit in 15 days), from albuminuria with casts. With toxic substance from milder cases the results were milder.

With a portion of the extract soluble in alcohol there was a slight rise of temperature. In the animals which died there were pronounced renal affections, as to the nature of the poisons extracted, the matter is in doubt.

—L'Union Med. E. W. B.

A NEW METHOD FOR ANESTHESIA—BY LOCAL REFRIGERATION.

This method, recommended lately by Dr. Letang, consists in practicing on the surface of the part to be anesthetized interstitial injections of a liquid cooled to the required degree by means of a freeing mixture.

The best of these is probably a mixture composed of 8 parts of sulphate of soda and 5 parts of muriatic acid. It produces a temperature of 270 below zero.

In this mixture is placed a test tube filled with salt water, in which is plunged a thermometer and an injection syringe filled with the same liquid.

When the thermometer shows a temperature of 10 degrees above zero the syringe is removed, and the contents will be at about zero.

Some cubic centimeters of this injected produce temporary anesthesia without pain other than given by the needle, and lasting long enough for small operations. The liquid may be modified—e. g.:

	Gram.
Boiled distilled water.....	100
Neutral glycerine aa.....	100
Sulphuric ether.....	2

This keeps well, and causes no inconvenience.

—Rev. de Therap. E. W. B.

Ophthalmology.

Under the Charge of J. A. TENNEY, M. D., 2 Commonwealth Ave., Boston.

CILIARY INJURY.

Dr. Keyser, of Philadelphia, reports two cases in the Ophthalmic Record, in which the ciliary body was cut through, and yet he succeeded in saving the eyes.

The first case was a child, whose left eye was struck by a piece of flying glass, cutting the sclerotic from the margin of the cornea downward and outward through the ciliary body. There was some loss of vitreous. The eye was flooded with a solution of sublimate. The incision was sutured, carefully avoiding the uveal tunic. An antiseptic bandage was applied, and everything went well. In a month, the patient was discharged with normal vision.

Another patient, aged 53, was struck by a piece of steel, cutting through the cornea, sclerotic and lens, the iris prolapsing. Two days had elapsed after the injury was received before the eye was treated. The sublimate solution was used as in the other case, and the edges of the sclerotic brought together with sutures. The lens was absorbed, and with plus 10 vision was 1-10.

The report of these cases is of great value to the oculist and general practitioner. The same treatment has been applied by Professor Noyes and others; but every additional report of success in such cases tends to remove the belief that has prevailed, that every eye seriously injured in the ciliary region must be enucleated at once, in order to avoid sympathetic inflammation in the other.

J. A. T.

A BILL FOR THE PREVENTION OF BLINDNESS IN THE STATE OF OHIO.

The following bill became a law in the State of Ohio, having passed both Houses unanimously, March 13, 1894:

Section 1. Be it enacted by the General Assembly of the State of Ohio; That should one or both eyes of an infant

become inflamed or swollen or show any unnatural discharge at any time within ten (10) days after its birth, it shall be the duty of the midwife, nurse or relative having charge of such infant to report in writing within six (6) hours to the physician in attendance upon the family, or in the absence of an attending physician, to the health officer of the city, village or township in which the infant is living at the time, or in case there is no such officer, to some practitioner of medicine legally qualified to practice in the State of Ohio, the fact that such inflammation, swelling or unnatural discharge exists.

Section 2. Any failure to comply with the provisions of this act shall be punished by a fine not less than ten dollars (\$10.00), nor more than one hundred dollars (\$100.00), or imprisonment for not less than thirty (30) days, nor more than six (6) months, or both fine and imprisonment.

Section 3. This act shall take effect and be in force from and after its passage.

PROGRESS IN OPHTHALMOLOGY.

Dr. Ayres, of Cincinnati, has recently, in the Medical News, called attention to the treatment of marginal blepharitis with peroxide of hydrogen.

After first correcting unhygienic conditions at home, and errors of refraction, if they exist, he softens the crusts on the edges of the lids with warm water and scrapes them off. A little absorbent cotton is then wound around a Japanese toothpick, dipped into the solution of peroxide, which has been poured into a little dish, and applied to the entire length of the lid margin. The application is continued until the characteristic bubbling ceases. The ulcers will then present a whitish appearance, as if they had been treated with silver nitrate. This treatment should be repeated every day. The doctor reports the happiest results from this method.

J. A. T.

Miscellany.

AMERICAN DERMATOLOGICAL ASSOCIATION.

Programme of the eighteenth annual meeting, to be held at the Arlington Hotel, Washington, D. C., May 29, 30, 31 and June 1, 1894.

First day—Business meeting (with closed doors) at 9.30 A. M.; report of council; nomination of officers for the ensuing year; appointment of auditing committee; proposals for active and honorary membership; miscellaneous business.

Morning session, 10.30 A. M.—1. Address by the president, Dr. R. B. Morison. 2. Thyroid Feeding in Diseases of the Skin, Dr. G. T. Jackson. 3. The Rare Forms of Alopecia, Dr. G. H. Fox. 4. A Case of Favus of the Head and Body, Drs. J. A. Cantrell and E. J. Stout. Adjournment at 1 P. M.

Second day—Business meeting (with closed doors) 9.30 A. M.; report of treasurer and auditing committee; election of officers; election of active and honorary members; selection of time and place of next meeting; miscellaneous business.

Morning session, 10.30 A. M.—5. Report of committee on statistics. 6. The Pathological Anatomy of Pearly Epithelioma of the Face, Dr. J. A. Fordyce. 7. The Question of Contagiousness of Molluscum Cortagiosum, Dr. H. W. Stelwagon. 8. The Therapeutic Value of Urea in the Treatment of Skin Diseases, Dr. C. W. Cutler. 9. Ichthyosis Congenita (so-called Harlequin Foetus). History of a case still living, Dr. S. Sherwell. Adjournment at 1 P. M.

Afternoon session, 3.30 P. M. General session of the congress, (corner Twelfth and F streets, N. W.) The Distribution and Control of Leprosy in North America. 10. First paper, "Distribution," Dr. J. N. Hyde. Discussion, Dr. J. E. Graham. 11. Second paper, "Diagnostic Features and Treatment," Dr. P. A. Morrow. Discussion, Dr. A. Van Harlingen. 12. Third paper, "Contagiousness, Prophylaxis and Control," Dr. J. C. White. Discussion, Drs. G. H. Fox, J. D. Bryant, and General W. C. Wyman, U. S. M. H. Adjournment at 5 P. M.

Third day—13. Angioma Serpiginosum and some other rare dermatoses, Dr. J. C. White. 14. The Protozoa-like bodies of Herpes Zoster; a contribution to the study of Psorospermiosis, Dr. M. B. Hartzell. 15. Cold as an Etiological Factor in Diseases of the Skin, with Report of Cases, Dr. W. T. Corlett. 16. Acquired Idiosyncrasy for Quinine, showing peculiar Cutaneous Manifestations, Dr. C. W. Allen. Adjournment at 1 P. M.

Fourth day—17. Open discussion upon Dermatitis Exfoliativa. (a) Its Clinical Forms. (b) Its Etiology. (c) Its Treatment. 18. Title to be announced, Dr.

E. B. Bronson. 19. The Relation of Impetigo Herpetiformis to Pemphigus Vegetans, Dr. J. Zeisler. 20. Notes on Drug Eruptions, Dr. J. A. Fordyce. Adjournment.

THE BOVININE COMPANY ALL RIGHT.

It has been reported that the Bush Company, "who place bovine on the market," was financially embarrassed. This is a base fabrication.

In the first place, the Bush Company were bought out by the Bovinine Company some time ago, and there is no such company in existence as a Bush Company who place bovine on the market. Bovinine is controlled solely by the Bovinine Company, who to our positive knowledge are in good financial circumstances. Mr. Champney, the manager of the Bovinine Company, is a man of exceptionally estimable character, as all who personally know him will admit, and as there is no product of beef's blood that will produce the marvelous results that this preparation does, it can hardly be thought for a moment that a combination of two such elements as an able manager and a worthy product would insure anything than that it does, viz., the greatest success both financially and clinically.

To any of our readers who have never tried this preparation of beef's blood (bovine) we would recommend that they write at once for a sample bottle, not forgetting to mention this paper as the source of their information on the subject.

Recently this preparation has been used for the healing of old granulations, ulcers, and even fresh wounds which must heal by granulation processes. It is applied with some light antiseptic and most favorable results have been obtained.

IN AID OF CARNEY HOSPITAL.

There will be a benefit concert given in the Boston Theatre May 6 in aid of Carney Hospital, South Boston, Mass. The hospital has been over-taxed this winter, and there is much need of funds to carry on the good work in that institution.